



Tennessee Department of Environment and Conservation
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex, Nashville, TN 37243
(615) 532-0625
**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)
STATE OPERATING PERMIT (SOP)
NOTICE OF INTENT (NOI)**

Type of permit you are requesting: ☐ SOPCD0000 (designed to discharge) ☐ SOPC00000 (no discharge) ☐ Unknown, please advise
Application type: ☐ New Permit ☐ Permit Reissuance ☐ Permit Modification

If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: TN 0078484

OPERATION IDENTIFICATION

Operation Name: <u>Sleepy Hollow Farm</u>		County: <u>Weakley</u>
Operation Location/ Physical Address: <u>2187 Mt VERNON ROAD</u> <u>SHARON, TN 38255</u>		Latitude: <u>36.256900</u>
		Longitude: <u>88.818500</u>
Name and distance to nearest receiving water(s): <u>MUD CREEK (North)</u>		
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers: <u>N/A</u>		
Animal Type:	<input checked="" type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Other _____	
Number of Animals:	Number of Barns:	Name of Integrator:
Type of Animal Waste Management:	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)	
Attach the NMP <input type="checkbox"/> NMP Attached	Attach the closure plan <input type="checkbox"/> Closure Plan Attached	Attach a topographic map <input type="checkbox"/> Map Attached

PERMITTEE IDENTIFICATION

Official Contact (applicant): <u>Jerry Roberts</u>	Title or Position: <u>OWNER</u>			<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Mailing Address: <u>515 EAST MAIN</u>	City: <u>SHARON</u>	State: <u>TN</u>	Zip: <u>38255</u>	
Phone number(s): <u>731-456-2202</u>	E-mail:			
Optional Contact: <u>Ricky Green</u>	Title or Position:			<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Address: <u>2187 Mt VERNON ROAD</u>	City: <u>SHARON</u>	State: <u>TN</u>	Zip: <u>38255</u>	
Phone number(s): <u>731-456-9962</u>	E-mail:			

APPLICATION CERTIFICATION AND SIGNATURE (must be signed in accordance with the requirements of Rule 1200-4-5-.05)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and title; print or type <u>Jerry Roberts</u> <u>OWNER</u>	Signature <u>Jerry Roberts</u>	Date <u>5-14-2011</u>
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STATE USE ONLY

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	Impaired Receiving Stream	High Quality Water		NOC Date

APPENDIX B

Agreement for the Removal of Litter, Manure and/or Process Wastewater from an AFO

The conditions listed below help to protect water quality. These conditions apply to litter, manure and/or process wastewater removed from an AFO. This agreement is for (amount of waste removed, i.e. tons, gallons, etc.)

100 TON of waste, removed on (date) 5-20-11, from the facility owned by Longview Farm Jerry Roberts and located at 2187 Mt Vernon Rd Sharon Tenn.

- A. The litter, manure and/or process wastewater must be managed to ensure there is no discharge of litter, manure and/or process wastewater to surface or groundwater.
- B. When removed from the facility, litter, manure and/or process wastewater should be applied directly to the field or stockpiled and covered with plastic or stored in a building.
- C. Litter, manure and/or process wastewater must not be stockpiled near streams, sinkholes, wetlands or wells.
- D. Fields receiving litter, manure and/or process wastewater should be soil tested at least every two or three years.
- E. A litter, manure and/or process wastewater nutrient analysis should be used to determine application rates for various crops.
- F. Calibrate spreading equipment and apply litter, manure and/or process wastewater uniformly.
- G. Apply no more nitrogen or phosphorus than can be used by the crop.
- H. A buffer zone is recommended between the application sites and adjacent streams, lakes, ponds, sinkholes and wells. The following non-application buffer widths, taken from NRCS Conservation Practice Standard 590, should be used when applicable:

Object, Site	Buffer Width, feet	Situation
Wells	150	Up-slope of application site
	300	Down-slope of application site, if conditions warrant application
Waterbody	30-100	Depending on the amount and quality of vegetation and slope
Public Use Area	300	All
Residences	300	Other than producer

- I. Do not apply litter, manure and/or process wastewater when the ground is frozen, flooded, saturated or on steep slopes subject to flooding, erosion or rapid runoff.
- J. Cover vehicles hauling litter, manure and/or process wastewater on public roads.
- K. Keep records of locations where poultry litter will be used as a fertilizer.

I, Ricky Green am the person receiving litter, manure, and/or process wastewater and do understand the conditions listed above.

Ricky Green
(signature)

5-14-2011
(date)

2187 Mt Vernon Rd Sharon Tenn
(address) 38255

731-456-9962
(phone)

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APPENDIX C

Names of Persons and/or Firms that Remove Litter, Manure and/or Process Wastewater from an AFO

Name: RICKY GREEN
 Address: 2187 MT VERNON Rd
SHARON TN 38255
 Phone No.: 731-456-9962
 Tons Removed: 100 TON
 Date: 5-20-11

Name: _____
 Address: _____
 Phone No.: _____
 Tons Removed: _____
 Date: _____

Name: RICKY GREEN
 Address: 2187 MT VERNON Rd
SHARON TN 38255
 Phone No.: 731-456-9962
 Tons Removed: 100 TON
 Date: 3-15-11

Name: _____
 Address: _____
 Phone No.: _____
 Tons Removed: _____
 Date: _____

Name: _____
 Address: _____
 Phone No.: _____
 Tons Removed: _____
 Date: _____

Name: _____
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N. J. ...
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